

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000063075

**FILED**  
**May 04, 2010**  
**Secretary of State**

**Entity Name:** GLENCOE'S HAVEN ADULT FAMILY CARE HOME, INC.

**Current Principal Place of Business:**

2555 GLENCOE FARMS RD  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1374  
EDGEWATER, FL 32132

**New Mailing Address:**

**FEI Number:** 20-4876765

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAEDO-COLLINS, TERESITA  
2555 GLENCOE FARMS RD  
NEW SMYRNA BEACH, FL 32168 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CAEDO-COLLINS, TERESITA  
Address: P O BOX 1374  
City-St-Zip: EDGEATER, FL 32132

Title: D  
Name: COLLINS, PARRY K  
Address: P.O. BOX 1374  
City-St-Zip: EDGEWATER, FL 32132

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** TERESIA CAEDO-COLLINS

PRES

05/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date